

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/	/				
2	/					
3	/					
4	/					
5	/					
6	/					
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8	/					
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46	/					
47	/					
48	/					
49						
50						

TOTAL IND.

2

TOTAL DEP.

46

TOTAL CLAIMS

46

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS